

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	: Miller et al.	)	Examiner:
		)	C. Aulakh
Serial No.	: 10-679,722	)	
		)	Art Unit:
Cnfrm. No.	: 2869	)	1625
		)	
Filed	: October 6, 2003	)	
		)	
For	: YOHIMBINE DIMERS EXHIBITING	)	
	SELECTIVITIES FOR $\alpha_2$ ADRENERGIC	)	
	RECEPTORS	)	
		)	
		)	

RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. 1.111

**Mail Stop**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the April 6, 2006, office action, applicants respectfully request reconsideration of the rejections set forth therein in view of the following comments.

No claim amendments have been made. Claims 1-44 remain pending.

The rejection of claims 1-44 under 35 U.S.C. § 112 (first paragraph) for lack of enablement is respectfully traversed. According to the U.S. Patent and Trademark Office ("PTO"), the specification fails to teach that the recited conditions were known in the art to be treated with  $\alpha_{2a}$  or  $\alpha_{2c}$  adrenergic receptors. Applicants disagree, because the specification does identify at page 16, line 16 through page 18, line 22, various conditions mediated by these receptor subtypes. Moreover, the specification cites to published literature to support several of these utilities, a fact that the PTO appears to have ignored completely.

Additional published literature further supports several claimed utilities. Attached as Exhibit A is an abstract of Wise et al., "Efficacy and Tolerability of a Selective  $\alpha_{2c}$ -Adrenergic Receptor Blocker in Recovery from Cold-Induced Vasospasm in Scleroderma Patients: A Single-Center, Double-Blind, Placebo-Controlled, Randomized Crossover

Study," *Arthritis & Rheumatism*, 50(12):3994-4001 (2004), which provides further support for the use of  $\alpha_{2c}$  receptor antagonists in the treatment of Raynaud's Disease. Attached as Exhibit B is a review article by Philipp et al., "Physiological Significance of  $\alpha_2$ -Adrenergic Receptor Subtype Diversity: One Receptor is Not Enough," *Am J Physiol Regulatory Integrative Comp Physiol* 283:R287-R295 (2002), which supports the use of  $\alpha_{2c}$  antagonists in treating atherosclerotic coronary arteries (page R290, left column), the use of  $\alpha_{2c}$  antagonists in treating Raynaud's Disease (page R290, right column), and the use of  $\alpha_{2a}$  antagonists in reversing  $\alpha_{2a}$ -mediated sedation (R293, left column).

Thus, because the role of the  $\alpha_{2a}$  and  $\alpha_{2c}$  receptors in a number of recited disorders or conditions was known previously, the rejection of claims 1-44 for lack of enablement is improper and should be withdrawn.

The rejection of claims 1-23 under 35 U.S.C. § 112 (second paragraph) for indefiniteness is respectfully traversed. The above-identified references, appended as Exhibits A-B, support the use of selective antagonists for specific therapies. Therefore, the rejection of claims 1-23 for indefiniteness is improper and should be withdrawn.

The rejection of claims 24-44 under 35 U.S.C. § 112 (second paragraph) for indefiniteness is respectfully traversed. According to the PTO, the claims lack a necessary step (administering a compound to an individual) for purposes of *in vivo* use. Applicants submit that this is not a necessary step for the subject matter as claimed, which—as noted in applicants' prior response—encompasses both *in vivo* and *in vitro* use. Thus, the generic claim language does not require administration for *in vitro* efficacy. For this reason, the rejection of claims 24-44 for indefiniteness is improper and should be withdrawn.

In view of all of the foregoing, applicant submits that this case is in condition for allowance and such allowance is earnestly solicited.

Respectfully submitted,

Date: October 6, 2006

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